STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969416	R **01/16/2019**
NAME OF PROVIDER OR SUPPLIER **SHALLOW ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9035 SHALLOW FORD LN** **PORT RICHEY, FL 34668**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A second revisit to a 10/17/18 initial survey was conducted on 1/16/19 for Shallow Assisted Living. At the time of the survey, the facility had no deficient practice.